



TributeWrap™ Order Form

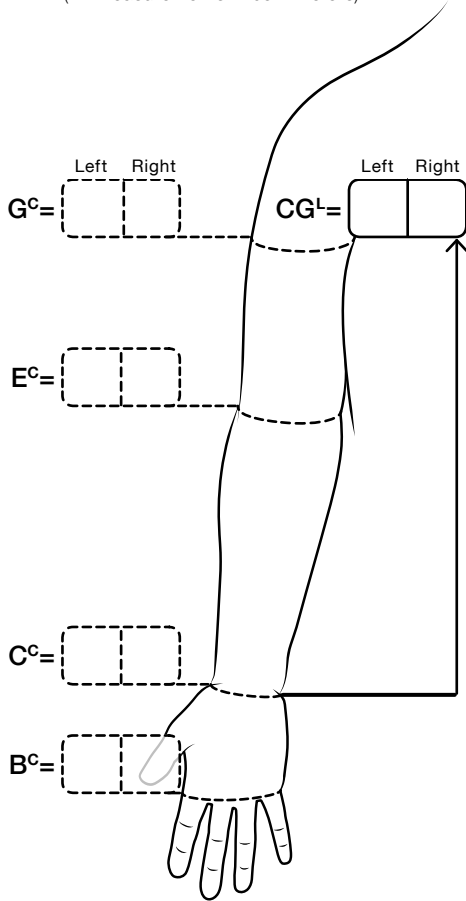
UPPER EXTREMITY

1 Order Information

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

2 Measurements

(All measurements in centimeters)



3 Products

(All measurements in centimeters)

TributeWrap Wrist to Axilla (sold individually)

Size	Circumference			Length	Qty.	
	C ^c	E ^c	G ^c		Left	Right
Small	16-21	22-28	25-31	43-47		
Medium	17-22	26-32	30-37	43-47		
Large	18-23	30-36	35-44	43-47		

TributeWrap Glove (sold individually)

Size	Circumference		Qty.	
	B ^c	C ^c	Left	Right
Small	16-20	16.5-21		
Medium	18-22	17.5-22		
Large	20-24.5	18.5-23		

All measurements in centimeters.

4 Shipping

Ground 2nd Day Overnight

Ship to _____

Attn _____

Street _____

City _____

State/Province _____ Zip/Postal code _____

Phone _____

Email (for shipping notification) _____

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